VERNON MANOR					
E704A CTY BB					
VI ROQUA	54665	Phone: (608) 637-5400		Ownershi p:	County
Operated from	1/1 To 12/31	Days of Operation:	366	Hi ghest Level Li cense:	Skilled
Operate in Conj	unction with 1	Hospiťal?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/00):	104	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/00):	119	Average Daily Census:	93
Number of Resid	ents on $12/31$	/00·	88	8 \$	

Services Provided to Non-Residents	ļ	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	36. 4 39. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	4. 5	Under_65	8.0	More Than 4 Years	23. 9
Day Services	No	Mental Illness (Org./Psy)	26. 1	65 - 74	11. 4		
Respite Care	Yes	Mental Illness (Other)	10. 2	75 - 84	27. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	2. 3	85 - 94	45. 5	**************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & 0ver	8. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1.1			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	11.4		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	13. 6	65 & 0ver	92. 0	[
Transportati on	No	Cerebrovascul ar	5. 7			RNs	10. 7
Referral Service	No	Di abetes	10. 2	Sex	%	LPNs	8. 3
Other Services	No	Respi ratory	2. 3			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	11.4	Male	37. 5	Aides & Orderlies	43. 7
Mentally Ill	No			Female	62. 5		
Provi de Day Programming for			100. 0				
Developmentally Disabled ************************************	No				100. 0		

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Privat		ri vate	ate Pay		Manage	ed Care		Percent	
			Per Die	m		Per Die)i em		Per Diem		Per Diem		Per Diem			Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	4	6. 1	\$111.04	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	4	4. 5%
Skilled Care	6	100. 0	\$254.06	58	87. 9	\$94. 29	Ŏ	0. 0	\$0.00	14	93. 3	\$120.00	Ĭ	100. 0	\$268.00	79	89. 8%
Intermediate				3	4. 5	\$77.54	0	0. 0	\$0.00	1	6. 7	\$120.00	0	0.0	\$0.00	4	4. 5%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				1	1. 5	\$141.75	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 1%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt O	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	6	100.0		66	100. 0		0	0.0		15	100.0		1	100.0		88	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti or	s, Services,	and Activities as of	12/31/00
beating builting helporeting refrou				Total			
Percent Admissions from:		Activities of	%		eeding tance of	% Totally	Number of
Private Home/No Home Health	12. 4	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	7. 8	Bathi ng	4.5		35. 2	60. 2	88
Other Nursing Homes	2. 3	Dressi ng	13. 6		29. 5	56. 8	88
Acute Care Hospitals	72. 1	Transferring	27. 3		44. 3	28. 4	88
Psych. HospMR/DD Facilities	0. 0	Toilet Use	20. 5		33. 0	46. 6	88
Rehabilitation Hospitals	0.8	Eating	65. 9		21.6	12. 5	88
Other Locations	4.7		*****	******	• 1 100		*******
Total Number of Admissions	129	Continence	1 C-41-4		pecial Treat		- % - 7
Percent Discharges To:	05.0	Indwelling Or Externa		10. 2		Respiratory Care	5. 7
Private Home/No Home Health	25. 0	Occ/Freq. Incontinent		43. 2		Tracheostomy Care	0. 0
Private Home/With Home Health	13. 2	Occ/Freq. Incontinent	of Bowel	46. 6	Recei vi ng		2. 3
Other Nursing Homes	5. 1					Ostomy Care	1. 1
Acute Care Hospitals	10. 3	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0. 7	Physically Restrained		12. 5	Recei vi ng 1	Mechanically Altered Di	ets 47.7
Reĥabilitation Hospitals	0. 7						
Other Locations	8. 8	Skin Care		(nt Characteristics	
Deaths	36. 0	With Pressure Sores		5. 7	Have Advan	ce Directives	61. 4
Total Number of Discharges		With Rashes		5.7 N	ledi cati ons		
(Including Deaths)	136	<u> </u>		********	Receiving l	Psychoactive Drugs	23. 9

		Ownershi p:		Bed	Bed Size:		Li censure:		
	Thi s	Government		100-	199	Skilled		Al l	
	Facility	Peer	Peer Group		Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78. 2	87. 0	0. 90	82. 6	0. 95	84. 1	0. 93	84. 5	0. 92
Current Residents from In-County	86. 4	75. 8	1. 14	79. 7	1.08	76. 2	1. 13	77. 5	1. 11
Admissions from In-County, Still Residing	18. 6	28. 9	0.64	22. 3	0.84	22. 2	0.84	21. 5	0.87
Admi ssi ons/Average Daily Census	138. 7	81. 9	1. 69	126. 4	1. 10	112. 3	1. 24	124. 3	1. 12
Discharges/Average Daily Census	146. 2	83. 2	1. 76	127. 9	1. 14	112. 8	1. 30	126. 1	1. 16
Discharges To Private Residence/Average Daily Census	55. 9	32. 1	1.74	52. 7	1.06	44. 1	1. 27	49. 9	1. 12
Residents Receiving Skilled Care	94. 3	88. 8	1.06	89. 2	1.06	89. 6	1.05	83. 3	1. 13
Residents Aged 65 and Older	92. 0	89. 7	1.03	95. 1	0. 97	94. 3	0. 98	87. 7	1.05
Title 19 (Medicaid) Funded Residents	75. 0	69. 4	1.08	70. 7	1.06	70. 1	1. 07	69. 0	1.09
Private Pay Funded Residents	17. 0	20. 1	0. 85	19. 5	0. 88	21.4	0.80	22. 6	0. 75
Developmentally Disabled Residents	4. 5	0.8	6.00	0. 9	5. 18	0. 9	4. 96	7. 6	0. 59
Mentally Ill Résidents	36. 4	47. 5	0. 77	36. 3	1.00	39. 6	0. 92	33. 3	1.09
General Medical Service Residents	11. 4	15. 2	0. 75	19. 1	0. 59	17. 0	0. 67	18. 4	0. 62
Impaired ADL (Mean)	57. 7	50. 7	1. 14	48. 4	1. 19	48. 2	1. 20	49. 4	1. 17
Psychological Problems	23. 9	58 . 0	0.41	49. 3	0.48	50. 8	0. 47	50. 1	0.48
Nursing Care Required (Mean)	8. 5	6. 9	1. 23	6. 5	1. 30	6. 7	1. 27	7. 2	1. 19